

Form GT-9A-B Gasoline Refund Application for Those Engaged in the Business of Farming

MGL Ch. 64A, sec. 7A

(for transactions occurring on or after July 31, 2013)

Rev. 7/13

Massachusetts

Department of

Department of Revenue

Applicant must answer all items or application will be returned. Mail to:								n, MA	02204.
Name of applicant F	Federal ID or Social Security number				nber	Teleph	one		
Address C	City/Town				State	Zip			
Type of farming (stock, nursery, dairy, etc.)	Number of acres under cul						der culti	ivation	
Do you have storage facilities for fuel?	Storage capacity (in gallons)								
☐ Yes ☐ No									
Date of first fuel purchase	Date of last fuel purchase								
Date of first use of fuel	Date of last use of fuel								
Do you owe any Massachusetts state taxes?	Do you apply for any other motor fuel refunds?								
☐ Yes ☐ No	☐ Yes ☐ No. If "Yes," list type(s):								
2 Gasoline purchased each period. 3 Add lines 1 and 2. 4 Gasoline on hand at close of business of each period. 5 Gasoline to be accounted for. Subtract line 4 from line 3.	3 4								
6 Gasoline used over highway (from reverse)									
8 Excise tax rate per gallon	1	\$.24	\$.24	\$.24	\$.24
9 Excise tax refund for each period. Multiply line 7 by line 8	H	\$		\$		\$		\$	
10 Total amount to be refunded. Add line 9, columns a, b, c and d		_					10		
Schedule on reverse must be completed in its entirety.									
Application subject to audit. Purchase receipts and complete distribu verification by a representative of the Commissioner. Claims based			•				e kept thre	e yea	ars for
Claims for refund of tax based on gasoline used during the taxable y lowing the close of such taxable year. If the taxable year and calendar									
The undersigned applicant states under the penalties of perjury correct and complete and that the undersigned has complied w									true,
Signature of applicant or person authorized to sign						Date			

Name of vendor from whom gasoline was	purchased Gallons purchased Street	address of vendor	State	Zip		
If application includes pasoline used h	by custom operators on your farm, con	aplete the following:				
Name of operator	Street address of operator	ipiete trie reliewing.	State	Zip		
				r		
List all equipment (registered and unibe kept to substantiate total gallonag	registered) in which gasoline was use e):	ed. Itemize gallonage consumed in	each piece o	of equipment (records must		
	Registration number		Gallons	llons		
Type of equipment	Registration number (farmplate or auto and truck license plate number)	Highway use		Non-highway use		
Total gallone						